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CONFIRMATION NO. 8929

<b>SERIAL NUMBER</b> 10/527,538	<b>FILING OR 371(c) DATE</b> 03/11/2005 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 072US1
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/US02/28926 09/11/2002 *OK FCC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None FCC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/23/2006**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**  
 Nuvasive  
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**TITLE**  
 Systems and methods for removing body tissue

<b>FILING FEE RECEIVED</b> 600	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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